

215040781
62862

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 184	Agency Case No. B5-092980	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 10/06/2015		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 0748	POLICE NOTIFIED 0748	Amended
B 55	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Hwy 2, Old Cheney-56th		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	10/06/2015
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	HIGHWAY NO. 2	LATITUDE	
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
205.00				X	Old Cheney	
V1/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 08	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G11004636		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	DRIVER	KATHRYN M JANSSEN		PHONE	402-560-7034	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP 1075 WALNUT ST, SYRACUSE, NE 68446		DATE OF BIRTH (MM / DD / YYYY)	12/08/1946	
G 4	OWNER	JOHN D JANSSEN / Kathryn M Janssen		PHONE	402-560-7035	
H 2	OWNER ADDRESS	CITY, STATE, ZIP 1075 Walnut, Syracuse, NE 68446		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/O 1	LICENSE PLATE NO.	10G2GGK		YEAR (Plate Expires)	2015	STATE (Of Plate) NE
V2/O 2	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
I 1	2014	Chevrolet	Equinox	Compact Utility	white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000
V1/O 1	VEHICLE ID NO. (VIN)	1GNFLGEKXEZ103019		INSURANCE COMPANY Owners Insurance Company		
V2/O 2	TOWED TO	TOWED BY		POLICY NO. 43-552-580-00		
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	G10020058		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	ANN B TILLERY		PHONE	402-617-4373	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP 8249 S 86TH ST, LINCOLN, NE 68526		DATE OF BIRTH (MM / DD / YYYY)	09/23/1960	
J 01	OWNER	RONALD D TILLERY / Ann B Tillery		PHONE	970-261-5151	
V1/Q 4	OWNER ADDRESS	CITY, STATE, ZIP 8249 S. 86th, Lincoln, NE 68526		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB490234	
V2/Q 4	LICENSE PLATE PA NO.	TAK529		YEAR (Plate Expires)	2015	STATE (Of Plate) NE
V1/Q 4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V2/Q 4	2006	Volkswagen	Passat	4 door Sedan	gold	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 3000
K 01	VEHICLE ID NO. (VIN)	WVWEU73CX6P104004		INSURANCE COMPANY State Farm		
TOWED TO		TOWED BY		POLICY NO. 097 2424-C28-27		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
1	KATHRYN M JANSSEN			12/08/1946	01 1 03 4 1	F
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
1	Brenda Jensen	3118 J Rd, Syracuse, NE 68446		10/27/1971	03 1 01 4 1	F
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
402-297-0443						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

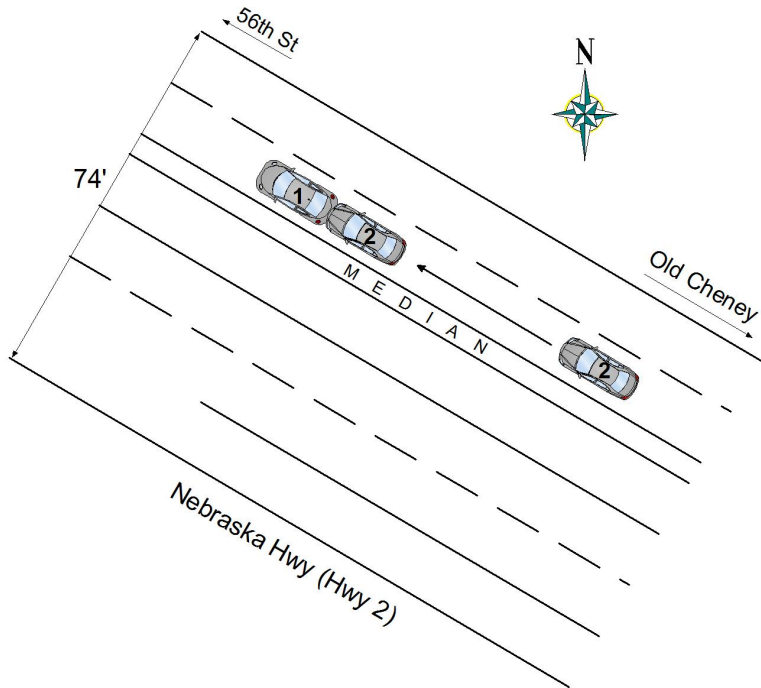
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092980



Indicate
North
by Arrow

POI:
205' W W curb Old Cheney
16' S N curb Hwy 2



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V#1 was stopped WB on Hwy 2 west of Old Cheney in the inside lane when it was struck from behind by V#2. D#1 said that she had just gotten stopped in heavy traffic behind another vehicle when she was hit from behind. D#2 said that she was following V#1 at approx. 45 mph when she looked away to her mirror to check traffic behind. When she looked back ahead, she saw V#1 stopping or stopped 2-3 car lengths in front of her. She braked but could not get stopped before colliding into the rear of V#1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS								
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2																	
1				X	Hwy 2					<div style="display: flex; justify-content: space-around;"> 44 </div>				<div style="display: flex; justify-content: space-around;"> 22 </div>				<div style="display: flex; justify-content: space-around;"> 44 </div>						
2				X	Hwy 2					<div style="display: flex; justify-content: space-around;"> 22 </div>				<div style="display: flex; justify-content: space-around;"> 22 </div>				<div style="display: flex; justify-content: space-around;"> 22 </div>						
1	11	06 Turning left			POINT OF IMPACT	05	POINT OF IMPACT	01	<div style="display: flex; justify-content: space-around;"> 11 </div>				<div style="display: flex; justify-content: space-around;"> 11 </div>				<div style="display: flex; justify-content: space-around;"> 11 </div>							
2	01	08 Entering traffic lane			MOST DAMAGED AREA	05	MOST DAMAGED AREA	01	<div style="display: flex; justify-content: space-around;"> 22 </div>				<div style="display: flex; justify-content: space-around;"> 22 </div>				<div style="display: flex; justify-content: space-around;"> 22 </div>							
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right					09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown					00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other					1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown					1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown				

OFFICER NO. 643	TROOP/ TEAM/ BEAT SE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Mark Fluitt		INVESTIGATOR SIGNATURE Approved by Mark Fluitt	DATE OF REPORT 10/06/2015